

EXHIBIT 15


PS Form 3811, July 2015 PGN 7530-02-000-9053

SENDER: COMPLETE THIS SECTION

☐ Complete items 1, 2, and 3.
☐ Print your name and address on the reverse so that we can return the card to you.
☐ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

*Clerk of the Court
14A-2 District Court
415 W. Michigan Ave.
Ypsilanti, MI 48197*



9590 9402 5488 9249 1447 94

2. Article Number (Transfer from service label)

7018 3090 0001 1816 1954

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Domestic Return Receipt

COMPLETE THIS SECTION

A. Signature ☐ Agent ☐ Addressee

X Julie Binder

B. Received by (Printed Name) C. Date of Delivery

Julie Binder 8/19/20

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery